

Updated: 08/18/11

Nominations are being accepted for the **NCPA Foundation National Preceptor of the Year** award, which recognizes a pharmacist who has made a significant contribution to the education of pharmacy students as a preceptor in a community practice setting. The award recipient will receive:

- ◆ Engraved plaque presented at General Session during NCPA Annual Convention
- ◆ Up to three nights accommodations at NCPA Annual Convention
- ◆ Complimentary registration to NCPA Annual Convention

Please submit nominations using the attached form on the last page. Material must be postmarked by **April 20, 2012**.

### Eligibility

Candidates for this award must be an owner, manager, or staff pharmacist of an independent pharmacy. Preceptors may be self-nominated or nominated by community pharmacists, deans, department heads, NCPA pharmacy student members, school of pharmacy faculty, and state/local pharmacy associations. To be eligible for this award, a preceptor **must not have received the award within the last five years**.

### Award Criteria

Much of the applicant's success as a nominee will be based on the description of how he/she meets the following criteria.

1. Preceptor of the Year demonstrates **high standards of professionalism**. This may be demonstrated through:
  - a. pharmacy leadership, service, and involvement
  - b. expression of genuine concern for patients
  - c. development of innovative or progressive practice
  - d. service to the profession through school or association committees or offices
  - e. service to the community through civic activities, fellowship, and religious or charitable affiliations
  - f. employment of mutual respect, patience, and a constructive/positive attitude with students, fellow practitioners, and other health professionals
  - g. consistent exhibition of professional ethics within the constraints of professional standards and the federal and state laws that govern the profession
2. Preceptor of the Year demonstrates **commitment to students as a professional mentor and teacher**. This may be demonstrated through:
  - a. development of unique teaching techniques
  - b. development of student-specific programs, projects or activities
  - c. involvement of students in pharmacist-specific activities
  - d. ongoing professional involvement with student after the rotation has ended
  - e. provision of regular feedback, encouragement, and support
  - f. ability to establish goals, expectations, and valuable learning activities for the experiential rotation

Previous award recipients:

2011	David Schoech	Columbus, KS
2010	Joseph S. Moose	Concord, NC
2009	Patricia Johnston	Beckley, WV
2008	Melissa Osborne	Kansas City, MO
2007	Dave Waggett	Wilmington, NC
2006	Justin Wilson	Midwest City, OK
2005	Dave Olig	Fargo, ND
2004	Jim Schiffer	Westfield, NJ
2003	Stephen Clement	Bellevue, IL

The **nomination form** for the National Preceptor of the Year is attached.



## Nomination Form National Preceptor of the Year

Material must be postmarked by **April 20**.

The National Preceptor of the Year award recognizes a pharmacist who has made a significant contribution to the education of pharmacy students as a preceptor in a community practice setting.

*Please print clearly.*

Today's date: \_\_\_\_\_

**Nomination:**

Nominee's name	Pharmacy
Street address	City State Zip
<b>Preceptor Activities:</b>	
Years of service as pharmacist	Years of service as preceptor
# of students served per year as preceptor	Adjunct faculty status <input type="checkbox"/> yes <input type="checkbox"/> no School affiliation _____
Highest professional degree	Year obtained

Additional information (**required**): The nominee should have contributed significantly and consistently to the advancement of pharmacy education through services as a preceptor in a community practice setting. Please **include a nomination letter** to the Preceptor Award Committee (one page or less) explaining why you are nominating this individual based on the award criteria. Press clippings, photos, etc. may be submitted with the application as supporting evidence.

**Submitted by:** I hereby certify that this nomination is being made in good faith, the nominee is aware of this nomination, and that the nominee has already been recognized by a school/college of pharmacy as a preceptor.

Name	Company/organization
Street address	City State Zip
Telephone (        ) -	Email
<input type="checkbox"/> Dean	<input type="checkbox"/> Department head <input type="checkbox"/> Faculty member <input type="checkbox"/> State association executive
<input type="checkbox"/> Student	<input type="checkbox"/> Preceptor <input type="checkbox"/> Pharmacist practitioner <input type="checkbox"/> Other:
Signature	

Please return this form along with the nomination letter to the NCPA Foundation by mail or fax.